

## Quotation Advert

**Opening Date:** 09/10/2018

**Closing Date:** 18/10/2018

**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** Dundee hospital

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods / services is required** Dundee Hospital

**Date Submitted** 09/10/2018

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
16/10/2018

**Item Category:** Goods

**Item Description:** Ophthalmic Comprehensive Biometer

**Quantity (if supplies)** 01

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable

**Date :**

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** 7:30 - 16:00

**QUOTES SHOULD BE DELIVERED TO:** 121 McKenzie Street, Dundee Hospital, tender box

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** Mrs. N.E Nkosi

**Email:** Nomasonto.Nkosi@kznhealth.gov.za

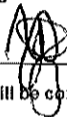
**Contact Number:**

034 299 7442





**Finance Manager Name:**

Ms. N.P Zulu

**Finance Manager Signature:**



No late quotes will be considered

 Submit |  Save | Save As... |  Close |  Print Preview

Print this page

## Note:

1. The completed Quotation Advert must be printed and signed by the Finance manager.